2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90190 047 ****61.25

940700001

DOCUMENT # N99000000271

1. Entity Name
JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
616 PARK STREET JACKSONVILLE, FL 32204	616 PARK STREET JACKSONVILLE, FL 32204

04252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CERNIGLIA, TERRY
852 TALBOT AVE
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent

Name J. Keith Williams
Street Address (P.O. Box Number is Not Acceptable) 1719 Westminister Ave
City Jacksonville FL Zip Code 32210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J. Keith Williams April 25, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CERNIGLIA, TERRY 852 TALBOT AVE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD J. Keith Williams 1719 Westminister Ave. Jacksonville, FL 32210 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORELLA, AL 852 TALBOT AVE JACKSONVILLE, FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Wesley Shaw 1632 Minerva Ave. # 01 Jacksonville, FL 32207 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHNEIDER, DAIV 922 TALBOT AVE JACKSONVILLE, FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Joseph Barbee 4538 Royal Ave. Jacksonville, FL 32205 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PADILLA, RAY 1068 WILLOW COVE CT N ATLANTIC BEACH, FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim Thompson # 135 5400 Colling Rd. Jacksonville, FL 32244 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRANSON, RANDY 2630 MERRILL BLVD JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joel Turner III 4538 Royal Ave. Jacksonville, FL 32205 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE J. Keith Williams 4/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #